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PTO/SB/01 (12-97)

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	I-2-173.1US
First Named Inventor	DE, et al.
COMPLETE IF KNOWN	
Application Number	Not Yet Known
Filing Date	Not Yet Known
Group Art Unit	Not Yet Known
Examiner Name	Not Yet Known

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SINGLE USER DETECTION

the specification of which

(Title of the Invention)

 is attached hereto

OR

 was filed on (MM/DD/YYYY) as United States Application Number or PCT InternationalApplication Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/246,947	11/09/2000	<input type="checkbox"/>

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

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U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number 24374 → Place Customer Number Bar Code Label here
 OR
 Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
Namely, the Attorneys of Volpe and Koenig, P.C.			

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

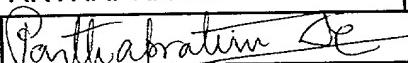
Direct all correspondence to: Customer Number 24374 OR Correspondence address below

Name	VOLPE AND KOENIG, P.C. DEPT ICC					
Address						
Address						
City				State	ZIP	
Country				Telephone	Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

A petition has been filed for this unsigned inventor
Name of Sole or First Inventor:

Given Name (first and middle if any) PARTHAPRATIM Family Name or Surname DE

Inventor's Signature							Date	
Residence: City	Farmingdale	State	NY	Country	USA	Citizenship	Indian	
Post Office Address	1233-8 Melville Road							
Post Office Address								
City	Farmingdale	State	NY	ZIP	11735	Country	USA	

Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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DECLARATION

ADDITIONAL INVENTOR(S)

Supplemental Sheet

Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
ARIELA		ZEIRA	
Inventor's Signature			
Residence: City	Huntington	State	NY
Country	USA	Citizenship	USA
Mailing Address 239 West Neck Road			
Mailing Address			
City	Huntington	State	NY
ZIP	11743	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
JUNG-LIN		PAN	
Inventor's Signature			
Residence: City	SELDEN	State	NY
Country	USA	Citizenship	TAIWAN
Mailing Address 15 COURT STREET			
Mailing Address			
City	SELDEN	State	NY
ZIP	11784	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
RAJ MANI		MISRA	
Inventor's Signature			
Residence: City	Brooklyn	State	NY
Country	USA	Citizenship	INDIA
Mailing Address 358 7th Avenue			
Mailing Address PMB 157			
City	Brooklyn	State	NY
ZIP	11215	Country	USA

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			<input type="checkbox"/>	<input type="checkbox"/>
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			<input type="checkbox"/>	<input type="checkbox"/>
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 As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith. Customer Number → Place Customer Number Bar Code Label here
 OR
 Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
Namely, the Attorneys of Volpe and Koenig, P.C.			

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto
 Direct all correspondence to: Customer Number OR Correspondence address below

Name	VOLPE AND KOENIG, P.C. DEPT ICC		
Address			
Address			
City		State	ZIP
Country	Telephone		Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor
Given Name (first and middle if any)	Family Name or Surname
PARTHAPRATIM	

Inventor's Signature						Date	
Residence: City	Farmingdale	State	NY	Country	USA	Citizenship	Indian
Post Office Address	1233-8 Melville Road						
Post Office Address							
City	Farmingdale	State	NY	ZIP	11735	Country	USA

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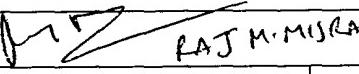
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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
ARIELA		ZEIRA	
Inventor's Signature		Date	
Residence: City	Huntington	State	NY
Country	USA	Citizenship	USA
Mailing Address 239 West Neck Road			
Mailing Address			
City Huntington		State NY	ZIP 11743
Country USA			
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
JUNG-LIN		PAN	
Inventor's Signature		Date	
Residence: City	SELDEN	State	NY
Country	USA	Citizenship	TAIWAN
Mailing Address 15 COURT STREET			
Mailing Address			
City SELDEN		State NY	ZIP 11784
Country USA			
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
RAJ MANI		MISRA	
Inventor's Signature			Date 11/11/01
Residence: City	Brooklyn	State	NY
Country	USA	Citizenship	INDIA
Mailing Address 358 7th Avenue			
Mailing Address PMB 157			
City Brooklyn		State NY	ZIP 11215
Country USA			

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